Name in Full Mrs Elizabeth Bell

Certificate of Death

Died at Town Parsonsville County Somerset Co MARYLAND

Date 1898 Month Oct. Day 22nd Age Y. 77 M. 0 D. 7 Native of Maryland Occupation Housewife

Male Female Female White Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ no Number of children living 7

Husband of Wife John J Bell

Father's Name John Horsey Mother's Name Mary Horsey

153

Cause of Death Primary How long sick Failing One year

Immediate General debility from old age Accident Suicide Homicide

OVER

Reported by Dr. H. H. Gunby

Address Marion Station Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. H. H. Gumby
of Marion Station Md.

The undertaker was Purse J. Adams
of Crisfield Md

Information contained in this certificate received from Dr H. H. Gumby
of Marion Station Md.

Name in Full Certificate of Death

Annie Cox

Died at Town Hopewell County Somerset MARYLAND

Date 189 8 Month 10 Day

Age Y. 97 M. D.

Native of

Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary

Cause of Death Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Wicomico News 10 - 20

Address Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Mrs. Jennie Dashiell

Died at Town Mt. Vernon County Somerset MARYLAND

Date 1898 Month Oct Day 31

Age Y. M. D.

Native of

Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Crisfield Times Nov. 5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Rev. G. W. Rounds, Jun. '21

Name in Full William James Jones

Certificate of Death

Died at Town St Peters County Somerset MARYLAND

Date 1898 Month Oct Day 10 Age ~~Y. M. D.~~ 3 weeks Native of Md Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name James Jones Mother's Name Annie White

Cause of Death Primary Opium Poisoning How long sick 10 hours

Immediate Asphyxia 151

Accident, ~~Suicide~~, ~~Homicide~~

Reported by R.L. Hoyt M.D

Address Oriole P.O Somerset Co

Must be signed by physician, if any in attendance, otherwise b[illegible]roner, undertaker or minister.

Name in Full Ephraim G. Polk

Certificate of Death

Died at near Princess Anne Town County MARYLAND

Date 189 Month Oct Day 11

Age Y. 55 M. D.

Native of Somerset

Occupation

Male ~~Female~~

White ~~Colored~~

Married Single

Widow ~~Widower~~

Divorced

Number of children living /

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 44

Cause of Death Immediate Paralysis

How long sick about 2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. None for some time

of

Seen by Coroner

of

Information contained in this certificate received

from Mrs H Smith

of Undertaker